

Child and Family Advisory Committee

Meeting Summary  
Hanover DSS Meeting Room – Ashland

May 17, 2005

Welcome and Introductions

Shirley Ricks

Update on Children's Issues

Shirley Ricks

DMHMRSAS Funding Initiatives  
FY 06 Funding Initiatives

\$6.125 m to CSBs for services for non-mandated SED children

- Can use to purchase services for a child in the community
- Has to be tied to an ISP
- Funding goes to CSBs, funds are spent on the child presenting, no matter what the jurisdiction
- ISP is a plan of care based on comprehensive assessment and evaluation, MH/MR/SA
- Collaborative process, CSB is allocated the funds

This is new money coming into the system for children's services.

\$500,00 – opportunity to re-direct funds for CSB/Detention projects

Positive outcomes of the project include:

The outcomes of the mental health and juvenile justice initiative are:

- a. Strengthen the discharge planning and referral process,
- b. Strengthen relationships and communications with the family/guardian, probation staff, CSB intake and outpatient services, and schools and
- c. Decrease the need for emergency placement

Does DMHMRSAS plan to evaluate the project? Yes, the Department can substantiate the success of the project related to the number of youth served and achieving the outcomes identified above.

Children can access services immediately. Access has been difficult for families.

Five projects – goal is for statewide implementation

Where is the General Assembly related to this project?

Comments related to the need for education. Information has been presented to the General Assembly.

Local system managers from Southwest took Senator Wampler out to lunch recently.

State agencies provide information to the legislature to improve children's services.

Difference between mandated and non-mandated? Intent of the CSA legislation, children receiving foster care and special education are considered mandated children i.e. children requiring residential care. Combining funding streams to de-categorize children.

\$2.25 m for early intervention services

- Deficit funding for FY 05 and a new allocation July 1
- Allocated for direct services
- Early intervention for children age 3 and under (IDEA)
- Maximize third party payment
- Advocacy for the funding

MR Waiver start-up funds

- Start up funds for 160 persons in state training centers, \$3,000 per person for the individual to be served in the community and \$3,000 for persons living in congregate care.
- Funding available to providers serving those individuals
- 160 were never given start-up funds, coming out of training centers
- A way to help providers with individuals with challenging behaviors

SAMHSA grant of \$3.5 million for children and adults with co-occurring disorders. When an individual presents, assessments will occur once, for individuals with co-occurring disorders. Grant will develop assessment and treatment tools, 11 areas will participate in this pilot Five-year pilot. DMHMRSAS has this grant.

Family Involvement – PACCT

- Ensure family members understand workgroups, committees, and task forces
- Emphasizing family involvement
- \$15,000 to bring together a coalition of family groups, how to use the same system to access information about children
- Contract due to be signed soon
- Meetings with PEATC, Family Involvement, etc.

Agency Presentation – CSA

Kim McGaughey

- State law passed in Virginia, a new way to serve children
- Some communities have done a great job taking the vision and running with it
- CSA as a SOC, system of services for at-risk and troubled youth
- Vision was put in Code, child centered, family focused and community based

- Purpose to preserve and strengthen families, looking at strengths of the child and family, increase family involvement, interagency collaboration, public and private sectors working together
- Pool funding and provide flexible funding for providing services
- Community CSA structure, developing interagency policies across systems, across the needs, what are the gaps, missing links in services (CMPT)
- FAPT, a philosophy of service provision, develop IFSP, make recommendations to the CPMT
- CSA Coordinators to manage this process
- At the state level, same kind of structure, SEC (see handout)
- SLAT, advised SEC on program and fiscal policies
- OCS, manage the initiative, recommends program and fiscal policies, new focus, how to provide localities the tools, resources, etc. to be successful
- Retreat – how to re-visit and return to the original vision
- Eligible – in Code, SED experiencing problems in multiple areas, services beyond one agency's scope or beyond routine collaboration, require coordinated services by at least two agencies
- Target population- see handout, special education placement, foster care under supervision of juvenile court, never intended to categorize kids for receiving services – see handout
- Snapshot-FY 2004 – see handout
- \$259 million, funding formula statewide
- See breakdown of how funds were used
- Most referrals from local DSS, 21% by education
- Who pays-cost sharing between state and local government
- Roles of family members – see handout- emphasized the importance of family involvement, how to engage families as advocates, ask questions and ask for explanations
- Rights of Families
- How to involve families
- How to access funding
- How do we look at family needs, conduct assessments, creative piecing together services to meet families' needs

#### Questions/comments/discussion:

Comment from a parent: Program was a lifesaver, kept family together, parents could not teach skills he needed, was in a residential program, now getting in-home residential. Was never at the table, CSB talked about them. Having someone there who understands and helps family through the problems.

How does CSA create a better way to help families? Family involvement is key to the success of CSA. Need to strengthen family involvement.

Clarification – don't need to be in residential care to access CSA. How does this interface with relinquishment of custody? Was this the Intention of the law?

Parent Story: The reality in the counties is different. A parent described her experience with her daughter's behavior problems, removed from Hanover schools, receiving services piece-meal through waiver. FAPT team, only way to receive services was to relinquish custody. Child was having psychotic episodes, on psycho-tropic medication,

mental health crisis intervention services, looking for placement, Cumberland, Commonwealth Center, etc. Placed in Cumberland Hospital, 2 weeks, receive CSA services, St. Joseph Villa, doing well, transitioning her back to school. Families related difficulties accessing services.

Question: why the diversity among localities? What is it? There is need for education, training, and funding to ensure consistency statewide. A great of flexibility was given to communities, intent to tailor services according to community need. State piece has not been as well done, for consistency across the state. TA staff has been added to OCS to work with localities. Communities were created based on local DSS structure. How do the state agencies work collaboratively to make it less complicated for families? How do we work collaboratively and interagency, eliminate duplication, and eliminate policies that interfere with making services accessible for families.

There is additional funding from DMAS to CSA for services for children.  
What is the relationship between the Georgetown model and CSA? CSA was intended as a SOC, CSA has all the same values as SOC, trying to get back to making CSA a system of care. The intent is to create one.

Why can't there be a booklet of policies for each FAPT has to abide by? The manual is not written for the lay person to understand. It is difficult to understand the complexity of regulations, etc. A tool kit to pull together useful information for families is one strategy under consideration by CSA.

Custody relinquishment – state must pay when the family relinquishes custody. Localities have the option of paying if there is not relinquishment. There are fiscal incentives to relinquish custody; local contribution may not be available in some localities. How do you change a system not to chase funding? OCFS focuses on community-based, in-home wrap-around services. How do you purchase services for multiple children with needs. Everybody's creativity to problem-solve the issue. Custody relinquishment workgroup is meeting next week; there is family representation on this workgroup,

Keeping Families Together Act, directs people into non-custodial foster care. Need to read legislation and talk with legislators, talk about what the practices are in the community. Important to look at non-custodial foster care agreements. How do parents find out what's going on? Family involvement through the Coalition, Voices for Virginia's Children, need to read the legislation because Voices puts out policy statements, need to understand the legislation.

Coalition coming together is exciting bringing together families with a stronger voice. General Assembly has asked for families to unite. Medical Home Plus is spearheading this effort to bring this coalition together. Coalition will look at parent support groups across the state.

Sub-committee report- Discussion Don Roe

Vision and Mission statement for the OCFS (please see handout)

DMHMRSAS vision statement

Vision would be the goal, where we want to be  
Mission is how we get there

Vision # 1 – Positive comments about the wording: access, seamless, integrated systems of care, family-drive, and community based. Other comments: add child-centered?

Vision # 2 – measurable change, why wouldn't this be part of vision # 1, want stuff that is high quality, want outcomes, want to see the best you can for your child, access alone does not ensure positive outcomes. Insert between culturally competent to do ... to reach outcomes. Put in an outcome phrase.

Comment: should the focus be children and families can be successful in their communities, do we really care if we have the systems or do we want families to be successful. Statement can be so broad and general that it has no meaning. If everyone who is a child-serving agency has the same vision, will it achieve what we really want, that children and families succeed in their community.

Is the OCFS empowered to change the system, to empower, inform, develop, OCFS was created to integrate services; vision is what this looks like? It should not just be about the individual components, vision # 1 is more mission statement. How do you draw culturally competent, high quality services, move the concept up another level. What do parents want for their children? Parents want their children to be successful and to achieve all that they are capable of becoming.

The vision is to make it better world for children and families.  
Don will take the comments back to Dana for further refinement. Volunteers need to see Don.

#### Membership for the C&F Advisory Committee

- Orientation repeated for family members at the next meeting. Age range of children? Birth to 21? Statewide. Member wants to solicit graduates from Partners in Policy-making. Wants clear write-up to share with partners.
- Meeting minutes, acronyms, etc
- Manual
- What do families want to hear?
- Do families want to be invited to internal meetings?
- State agencies attend the meetings; each agency will do a presentation to educate families.
- Orientation meeting before the August meeting? Push the meeting to September?
- Meeting in August? Room set up for 8:30 for families. Orientation. **8:30 until 9:30.** Orientation first and then parents networking and talking together.
- Manual – reports that address services for children, within OCFS, minutes, membership lists updated, what is this group suppose to be doing, advising and assisting the OCFS on activities to improve services for children.
- Suggestion for individual case presentations, hard for families to get their arms around the system issues, trying to give information about the complexity of the system.

- Break out sessions for case presentations, presenting case studies to larger groups. Let's look at from the child and family's perspective with a presentation of a real-life situation. Look at it from the goals and dreams for children. How can agency people help families get to where they want to go?

It was suggested that a family or two to do a presentation at each meeting. Families know where the roadblocks are? Cynthia will focus on the interface of the education system with other agencies.

Important to hear agency reports and presentations and having a parent present their life story. Need to understand what is out there as a family, the big picture. Families can then share how best to present this so that it is not unwieldy for other families.

There was discussion about the frequency of meetings. Need to understand the system before you can affect policy and change. Frequency of meetings will be driven by the urgency of the issue. Long-term goal: to establish sub-committees to deal with specific issues.

It was suggested that members explore that is occurring at the local level. Goal: members get involved at the local level.

OCFS will develop a purpose statement for the group. Goal: to keep families informed about issues impacting services in families, communities, advocating for funding, remove barriers that prevent families from accessing services, other barriers, etc.

Planning for an orientation in August. Have we thought about inviting adults with disabilities? Need to keep focus on birth to 21. Need to go out to folks who have gone through transition. What succeeded, what failed, to inform us about what transition should look like. How do we target? Important to keep in mind the need to think about a long-term outcome. Henrico plans to focus on transition.

Need to have schools become a greater portal for getting children lined up for services that he or she needs. A comment was made stressing the importance of success in an educational environment. Model nationally, student health and wellness committee. Wellness team to collaborate, funding for positions to make this happen. Teachers can identify children that are at risk.

Are there other comparable committees to this one? No. An example of a committee that brings all agencies and families together would be the VICC but it is limited to birth to three. Will this committee be supported? If we are looking at the combination of what children and families successful, if other agencies have advisory groups, DMHMRSAS wanting to involve families, strength here is that agencies are involved.

## Agency Updates

DJJ – Scott Reiner

DJJ has been charged with developing regulations to improve transition for children with MH/SA/MR, to develop more formal regulations about transition planning for youth leaving facilities. It will provide greater accountability for providers. Within 6-12 months, DJJ will consult with other agencies. Regulations will involve children and their

caregivers in transition planning. The intent of the regulations will be transitioning youth from a secure correctional environment back into the community, from age 12 to 21.

Commonwealth Center- 48 beds, 500 children served last year. helping families connect with systems in their community that they may not be aware of, help the families see what's available, an evolving role for the Commonwealth Center. One of two programs operated by DMHMRSAS.

The Commonwealth Center's sister program is located at Southwest Institute.  
1996 Commonwealth Center moved into a new facility.

Entry criteria: CSB is the gateway, diagnosis, danger to self or others, court-ordered or Juvenile Justice directly. Kids with MR, if there is a behavioral problem, some profoundly retarded, goal to reunite with families.

Meeting adjourned.

Meeting adjourned.